CHEN IA	N 19 1951	THE DIVISION OF HE			43925
TILLED JA	14 T 9 1901	STANDARD CERTIF	ICATE OF DE	ATH State File	
BIRTH NO.		_ REG. DIST. NO. 333	PRIMARY REG. DIST	. но. <u>3074</u> Registrar	13
I. PLACE OF DE	ATH		2 USUAL RESI	DENCE (Where deceased lived.	If Institution: residence before
a. COUNTY Scot			a. STA閱issou	ri b. COUNTY Mis	sissippi
b. CITY (If outside o	orporate limits, write I	RURAL and give c. LENGTH OF STAY (in this place)	c. CITY (If outside or	orporate limits, write RURAL and gi	ve township)
	keston	I 4 Days	TOWN Char	leston	11.72
d FULL NAME OF HOSPITAL OR INSTITUTION		institution, give street address or location) munity Hospital	d. STREET ADDRESS 6	(U rural, give location)  13 W. Cleveland	/
NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)		nth) (Day) (Year)
(Type or Print)	Mary	Effie	Fox	OF ':-	ember 29, 1950
6, SEX / 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	UNDER 1 YEAR OF IMPOSE IS NOT
Female /	White	Widowed	November 1,	1880   70	onthe Days Hours Min.
Oa. USUAL OCCUPATION of works	ON (Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHA
Housewi:	fe_	At Home	State of Ke	entucky	12. CITIZEN OF WHA
Ba. FATHER'S NAME		13b. MOTHER'S MAIDEN	NAME	14. NAME OF HUSBAND OF	I WIFE
Henry D		No record	(HILL)	William F. For	
5. WAS DECEASED EVE Yee, no, or unknown) (II	ER IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY	17. INFORMANT	S SIGNATURE OR NAME	ADDRESS
No	None	None	Henry Fox,	(son) Charleston,	
B. CAUSE OF DEATH	- 1 DISCASE OR C	MEDICAL C	ERTIFICATION		INTERVAL BETWEEN
Enter only one cause per ine for (a), (b), and (c)	DIRECTLY LEAD	ONDITION ON TO DEATH*(a)	X Emia		ONSET AND DEATH
*This does not mean	ANTECEDENT CA	AUSES		, 1-	444
e mode of dying, such	Morbid conditions	s, if any, giving DUE TO (b)ause (a) stating	ranom	a of live	1_
s heart failure, asthenia, c. It means the dis-	the underlying cau	ause (a) stating use last.			
use, injury, or complica-	ļ	DUE TO (c)		<u> </u>	
on which caused death.		FICANT CONDITIONS buting to the death but not			
	related to the disea	se or condition causing death.			156A
a. DATE OF OPERA- TION	19b. MAJOR FINE	DINGS OF OPERATION			20. AUTOPSY?
<u> </u>	1			•	YES X NO
a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (COUNT	Y) · (STATE)
d. TIME (Month) OF INJURY	(Day) (Year) (I	Hour) 21e. INJURY OCCURRED WHILEAT NOT WHILE	21f. HOW DID INJURY	OCCURT	`,
·		1 WOUNT CO 1	6.0	72 26 5	<del></del>
alive on	nai Lauenaea () O - 2 <b>4</b> to C	he deceased from <u> </u>	, 19, to	2-29, 1950, that	I last saw the deceased
a. SIGNATURE	<u> </u>	(Degree or title)	23b. ADDRESS	ne causes and on the date	
E: N	O. Uni	fan M. D.	-Sikeston,	_ио	23c. DATE SIGNED 12/30/50
ta. SURIAL, CREMA ION, REMOVAL (Breedly Burial /	246. DATE 12/31/50	I. O. O. F. Co		24d. LOCATION (City, town, or Charleston, Mo	
ATE REC'D BY LOCAL REG.	REGISTRAR'S SI			FUNERAL CHARML	Charleston, M
<del></del>		(Licensed Embalmer's St	stement on Reverse Sid	e la	
		,		**	

THE DIVISION OF HEALTH OF MISSOURI

RECEIV	ED_	ال	417	1 5	195
SCOTT	CO	UNTY	HE/	<b>L</b> TH	CENT

SCOT CO. FILE NO. 167-21

I hereby certify that the body whose name is recorded on the reverse side of this c	certificate was embalmed by me, or by
	Student Embalmer No.
vorking under my personal supervision	

STATEMENT BY LICENSED EMBALMER

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.